

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED William I. Schwartz, Jr.		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER Cr. 06-382(05)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v Parmatic Filter Corp., et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*  
 18:371 Conspiracy to make false statements; 18:1031 Fraud; 18:1001 False Statements

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),  
 AND MAILING ADDRESS  
 Henry E. Klingeman, Esq.  
 Krovatin Klingeman  
 744 Broad Street, Suite 1903  
 Newark, NJ 07102

Telephone Number : 973-424-9777

13. COURT ORDER  
☐ O Appointing Counsel ☐ C Co-Counsel  
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney  
☒ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's William Strazza  
 Appointment Dates: 6/8/06  
☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  
☐ Other (See Instructions)

Signature of Presiding Judge or By Order of the Court

Date of Order

4/24/09  
 Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:						
Out of Court	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: TO:

20. APPOINTMENT TERMINATION DATE  
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS

☐ Final Payment

☐ Interim Payment Number

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment representation? ☐ YES ☐ NO

☐ YES ☐ NO

If yes, were you paid? ☐ YES ☐ NO

If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Date

## APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDGE					DATE					
29. IN COURT COMP.					30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		28a. JUDGE CODE	
32. OTHER EXPENSES					33. TOTAL AMT. APPROVED					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					DATE					
					34a. JUDGE CODE					